



**JAMES J. DONELON  
COMMISSIONER OF INSURANCE  
STATE OF LOUISIANA**

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**DIRECTOR'S ACCEPTANCE OF TRUST**

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

I, the undersigned, do hereby swear and affirm that I accept the trust imposed upon me as a director of the \_\_\_\_\_,  
an insurance company organized under the laws of the State of Louisiana, and will perform the duties imposed upon me as such  
by the Articles of Incorporation, By-laws, and the laws of the State of Louisiana including, but not limited to, the Louisiana  
Insurance Code and/or the Louisiana Worker's Compensation Code to the best of my ability, so help me God.

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Director's Printed Name

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Notary Public's Printed Name

My Commission Expires \_\_\_\_\_